

SUMPOORNA

Here is your key to a world of
Financial Success

Step In



CDSL

Individuals

Non - Individuals

Account Opening Form

SUMPOORNA PORTFOLIO LTD.

An ISO 9001:2008 Certified Company

DP-ID

Client ID

Account No.

1	2	0	7	5	1	0	0
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Client Name

Branch

SUMPOORNA

Name of Stock Broker/Trading Member/Clearing Member:

SUMPOORNA PORTFOLIO LTD.

EXCHANGE NAME	SEGMENT	DP ID	SEBI REGISTRATION NO.	DATE
CDSL	Depository Participant	12075100	IN-DP-CDSL-665-2012	09/10/2012

Registered Office :

648, 3rd Floor, Guru Ram Dass Nagar, Delhi-110092

E-mail: info@sumpoorna.com | Website: www.sumpoornaonline.com

Corporate Office :

C-56A/13, 6th Floor, Sector-62, Noida-201301 (U.P)

Phone: +91-120-4505200 | Fax: +91-120-4505234

E-mail: info@sumpoorna.com

For any grievance/dispute please contact **Sumpoorna Portfolio Ltd.** at the above address or email id: care@sumpoorna.com and **Phone No. +91-120-4505200**. In case not satisfied with the response, please contact the concerned exchange(s) at :

Exchange Name

CDSL

Email ID

complaints@cdslindia.com

Phone No.

1800-200-5533



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For office use only (To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

I. PERSONAL DETAILS (Please refer instruction A at the end)

Prefix First Name Middle Name Last Name

Name* (Same as ID proof)

Maiden Name (If any*)

Father / Spouse Name*

Mother Name*

Date of Birth* DD - MM - YY YY

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others (ISO 3166 Country Code)

Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin

Occupation Type* S-Service (Private Sector Public Sector Government Sector O-Others (Professional Self Employed Retired Housewife Student) B-Business X- Not Categorised

PHOTO

Signature / Thumb Impression

2. TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* ISO 3166 Country Code of Birth*

3. PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number Passport Expiry Date DD - MM - YY YY

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date DD - MM - YY YY

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government)

S- Simplified Measures Account - Document Type code Identification Number

4. PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar) Voter Identity Card NREGA Job Card Others please specify

Simplified Measures Account - Document Type code

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* City / Town / Village* ISO 3166 Country Code*

4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS *(Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure AI')

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* City / Town / Village* ISO 3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*

Line 2

Line 3

State* ZIP / Post Code* City / Town / Village* ISO 3166 Country Code*

5. CONTACT DETAILS (All communications will be sent on provided)

Tel. (Res) Mobile

FAX Email ID

6. DETAILS OF RELATED PERSON (In case of additional related persons, please fill 'Annexure B1') (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available)*

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional) Tel. (Off)

PROOF OF IDENTITY (PoI) OF RELATED PERSON* (Please see instruction H) at the end)

A- Passport Number Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number


S- Simplified Measures Account - Document Type code Identification Number

7. REMARKS (If any) Mobile no. / Email-ID (Please refer instruction F at the end)

8. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : Place :



9. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date <input type="text"/>	Name <input type="text"/>
Emp. Name <input type="text"/>	Code <input type="text"/>
Emp. Code <input type="text"/>	[Institution Stamp]
Emp. Designation <input type="text"/>	
Emp. Branch <input type="text"/>	
<input type="text"/>	
<input type="text"/>	



Important Instructions:

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- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For Office use only

(To be filled by financial institution)

Application Type* New Update

KYC Number

(Mandatory for KYC update request)

I. CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details

Line 1*

Line 2

Line 3

District* Pin / Post Code* State / U.T Code* City / Town / Village* ISO 3166 Country Code*

2. CONTACT DETAILS (All communications will be sent on provided Mobile No. / Email-ID) (Please see instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile -

FAX - Email ID

3. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date : - -

Place :



Signature / Thumb Impression of Applicant

Annexure BI

CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual | Related Person



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Please fill the form in English and in BLOCK letters.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please read section wise detailed guidelines / instructions at the end.
- E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- F) List of two character ISO 3166 country codes is available at the end.
- G) KYC number of applicant is mandatory for update application.
- H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.



For Office use only

(To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

I. DETAILS OF RELATED PERSON (Please see instruction **G** at the end)

Addition of Related Person
 Deletion of Related Person
 KYC Number of Related Person (if available*)

Related Person Type*
 Guardian of Minor
 Assignee
 Authorized Representative

Name*
 Prefix
 First Name
 Middle Name
 Last Name

(If KYC number and name are provided, below details of section I are optional)

PROOF OF IDENTITY (PoI) OF RELATED PERSON* (Please see instruction **H**) at the end)

A- Passport Number
 Passport Expiry Date

B- Voter ID Card

C- PAN Card

D- Driving Licence
 Driving Licence Expiry Date

E- UID (Aadhaar)

F- NREGA Job Card

Z- Others (any document notified by the central government)
 Identification Number

S- Simplified Measures Account - Document Type code
 Identification Number

2. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature / Thumb Impression of Applicant

Date : Place :

3. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies

KYC VERIFICATION CARRIED OUT BY

Date
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name
 Code

[Institution Stamp]

INSTRUCTIONS / CHECK LIST FORM FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self- attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals,(allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCIC overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers , senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI): List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is a mandatory requirement applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of Residence/Driving

License/Flat Maintenance bill/Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/ Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/ling tax returns in India.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, FIIs, Mfs, VCFs, FVCIs for all , Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.



KYC Details Change Form (For Individuals Only)

Application No. :

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used)

A Name of Applicant (Mandatory as per original KYC records)

Title Mr. Ms. Other (Please Specify) Aadhaar Number, if any: _____ PAN _____

Name _____

Date of Birth | d | d | / | m | m | / | y | y | y | y |

Please Provide the new KYC details which should be updated in your KYC records.

B Mandatory fields for KYCs done before 1st January 2012

1. Father's/Spouse Name _____

2. Current Marital Status Single Married 3. Current Nationality Indian Other (Please Specify) _____

Note "FOR OFFICE USE ONLY": The IPV Column should be mandatory filled for all KYCs registered before 1st January 2012. Originals Seen and verified should be mandatory filled for changes to Identity and Address details.

C Identity Details (Please see guidelines overleaf)

1. New Name (As appearing in supporting identification document) _____

2. New Status Please tick(✓) Resident Individual Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. PAN _____ Please enclose a duly attested copy of your PAN Card

4. Proof of Identity submitted for PAN exempt cases (Please tick(✓))
 Aadhaar Card Passport Voter ID Driving Licence Others _____ (Please see guideline 'D' overleaf)

D Address Details (Please see guidelines overleaf)

1. New Address for Correspondence

City/Town/Village _____ Pin Code _____

State _____ Country _____

2. Contact Details

Tel.(Off.) (ISD) (STD) _____ Tel.(Res.) (ISD) (STD) _____

Mobile (ISD) (STD) _____ Fax (ISD) (STD) _____

E-Mail Id. _____

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please Specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City/Town/Village _____ Pin Code _____

State _____ Country _____

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please Specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y |

6. Any other information _____

SIGNATURE OF APPLICANT

Old signature as per original KYC
Whichever Applicable

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place _____ Date _____

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done on | d | d | / | m | m | / | y | y | y | y |

AMC/Intermediary name OR code

SUMPOORNA PORTFOLIO LTD.

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name
Designation
Name of the Organization
Signature
Date

Seal/Stamp of the intermediary should contain

Staff Name
Designation
Name of the Organization
Signature
Date

INSTRUCTIONS / CHECK LIST FORM FILLING KYC FORM

A. IMPORTANT POINTS:

1. **Self attested copy of PAN card is mandatory for all clients.**
2. Copies of all the documents submitted by the applicant should be self- attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals,(allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCIC overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers , senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI): List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is a mandatory requirement for applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of Residence/Driving

License/Flat Maintenance bill/Insurance Copy.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/ Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostilled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/Income tax returns in India.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, FIIs, MFIs, VCFs, FVCIs for all , Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

INSTRUCTIONS / CHECK LIST FORM FILLING KYC FORM

A. IMPORTANT POINTS:

1. Self attested copy of PAN card is mandatory for all clients.
2. Copies of all the documents submitted by the applicant should be self- attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
3. If any proof of identity or address is in a foreign language, then translation into English is required.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If correspondence & permanent address are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIO Card/OCIC overseas address proof is mandatory.
8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
10. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
11. Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers , senior executives of state owned corporations, important political party officials, etc.

B. Proof of Identity (POI): List of documents admissible as Proof of Identity:

1. PAN card with photograph. This is a mandatory requirement applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
2. Unique Identification Number (UID) (Aadhaar) / Passport / Voter ID card / Driving license.
3. Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges allied to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

C. Proof of Address (POA): List of documents admissible as Proof of Address: (*Documents having an expiry date should be valid on the date of submission.)

1. Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of Residence/Driving License/Flat Maintenance bill/Insurance Copy.

F. In case of Non-Individuals, additional documents to be obtained from non-individuals, over & above the POI & POA, as mentioned below :

Type of Entity	Documentary Requirements
Corporate	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/MD (to be submitted every year). • Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations. • Photograph, POI, POA, PAN of individual promoters holding control - either directly or indirectly. • Copies of the Memorandum and Articles of Association and certificate of incorporation. • Copy of the Board Resolution for investment in securities market. • Authorised signatories list with specimen signatures.
Partnership Firm	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered partnership firms only). • Copy of partnership deed. • Authorised signatories list with specimen signatures. • Photograph, POI, POA, PAN of Partners.
Trust	<ul style="list-style-type: none"> • Copy of the balance sheets for the last 2 financial years (to be submitted every year). • Certificate of registration (for registered trust only). • Copy of Trust deed. • List of trustees certified by managing trustees/CA. • Photograph, POI, POA, PAN of Trustees.
HUF	<ul style="list-style-type: none"> • PAN of HUF. • Deed of declaration of HUF/ List of coparceners. • Bank pass-book/bank statement in the name of HUF • Photograph, POI, POA, PAN of Karta.
Unincorporated Association or a Body of Individuals	<ul style="list-style-type: none"> • Proof of Existence/Constitution document. • Resolution of the managing body & Power of Attorney granted to transact business on its behalf. • Authorized signatories list with specimen signatures.
Banks/Institutional Investors	<ul style="list-style-type: none"> • Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years. • Authorized signatories list with specimen signatures.
Foreign Institutional Investors (FII)	<ul style="list-style-type: none"> • Copy of SEBI registration certificate. • Authorized signatories list with specimen signatures.
Army/Government Bodies	<ul style="list-style-type: none"> • Self-certification on letterhead. • Authorized signatories list with specimen signatures.
Registered Society	<ul style="list-style-type: none"> • Copy of Registration Certificate under Societies Registration Act. • List of Managing Committee members. • Committee resolution for persons authorised to act as authorised signatories with specimen signatures. • True copy of Society Rules and Bye Laws certified by the Chairman/Secretary.

2. Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill - Not more than 3 months old.
3. Bank Account Statement/Passbook - Not more than 3 months old.
4. Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts.
5. Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/ Multinationa Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
6. Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
7. For FII/sub account, Power of Attorney given by FII/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken.
8. The proof of address in the name of the spouse may be accepted.

D. Exemptions/clarifications to PAN

(*Sufficient documentary evidence in support of such claims to be collected.)

1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
2. Investors residing in the state of Sikkim.
3. UN entities/multilateral agencies exempt from paying taxes/ling tax returns in India.
4. SIP of Mutual Funds upto Rs 50,000/- p.a.
5. In case of institutional clients, namely, FIIs, Mfs, VCFs, FVCIstnt for all , Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

E. List of people authorized to attest the documents:

1. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

Name of Applicant _____ PAN of the Applicant _____

1. Name _____
 PAN _____ DIN (For Directors) / UID (for Others) _____
 Residential /Registered Address _____

 City/Town/Village _____ Pin Code _____
 State _____ Country _____
 Relationship with Applicant (i.e. promoters, whole time directors etc.) _____
 Whether Politically Exposed PEP (Politically Exposed Person) RPEP (Related to Politically Exposed Person) NO

Please affix the recent passport size photograph and sign across it

2. Name _____
 PAN _____ DIN (For Directors) / UID (for Others) _____
 Residential /Registered Address _____

 City/Town/Village _____ Pin Code _____
 State _____ Country _____
 Relationship with Applicant (i.e. promoters, whole time directors etc.) _____
 Whether Politically Exposed PEP (Politically Exposed Person) RPEP (Related to Politically Exposed Person) NO

Please affix the recent passport size photograph and sign across it

3. Name _____
 PAN _____ DIN (For Directors) / UID (for Others) _____
 Residential /Registered Address _____

 City/Town/Village _____ Pin Code _____
 State _____ Country _____
 Relationship with Applicant (i.e. promoters, whole time directors etc.) _____
 Whether Politically Exposed PEP (Politically Exposed Person) RPEP (Related to Politically Exposed Person) NO

Please affix the recent passport size photograph and sign across it

4. Name _____
 PAN _____ DIN (For Directors) / UID (for Others) _____
 Residential /Registered Address _____

 City/Town/Village _____ Pin Code _____
 State _____ Country _____
 Relationship with Applicant (i.e. promoters, whole time directors etc.) _____
 Whether Politically Exposed PEP (Politically Exposed Person) RPEP (Related to Politically Exposed Person) NO

Please affix the recent passport size photograph and sign across it

5. Name _____
 PAN _____ DIN (For Directors) / UID (for Others) _____
 Residential /Registered Address _____

 City/Town/Village _____ Pin Code _____
 State _____ Country _____
 Relationship with Applicant (i.e. promoters, whole time directors etc.) _____
 Whether Politically Exposed PEP (Politically Exposed Person) RPEP (Related to Politically Exposed Person) NO

Please affix the recent passport size photograph and sign across it



Name & Signature of the Authorised Signatory(ies) _____

Date | d | d | / | m | m | / | y | y | y | y | _____

SUMPOO ₹NA

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT (FOR INDIVIDUAL)

SUMPOORNA

SUMPOORNA PORTFOLIO LTD.
(Depository Participant with CDSL)

DP - CDSL • DP ID - 12075100 • SEBI Regn. No.: IN-DP-CDSL-665-2012
Corporate Office : C-56A/13, 6th Floor, Sector-62, Noida-201301 (U.P)
Phone : +91-120-4505200 | Fax : +91-120-4505234
E-mail: info@sumpoorna.com | Website: www.sumpoornaonline.com
Registered Office : 648, 3rd Floor, Guru Ram Dass Nagar, Delhi-110092

(To be filled by the Depository Participant)

Application No.								Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																
DP ID	1	2	0	7	5	1	0	0	Client ID							

(To be filled by the applicant in BLOCK LETTERS in English)

I/We request you to open a demat account in my/our name as per the following details

Holders Details

Sole/First Holder Name												PAN										
												UID										
Second Holder Name												PAN										
												UID										
Third Holder Name												PAN										
												UID										

Name *

* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Type of Account (Please tick whichever is applicable)

Status	Sub - Status		
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident	<input type="checkbox"/> Individual - Director	<input type="checkbox"/> Individual Director's Relative
	<input type="checkbox"/> Individual HUF / AOP	<input type="checkbox"/> Individual Promoters	<input type="checkbox"/> Minor
	<input type="checkbox"/> Individual Margin Trading A/c (MANTRA)	<input type="checkbox"/> Others (specify) _____	
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable	<input type="checkbox"/> NRI Non-Repatriable	<input type="checkbox"/> NRI Repatriable Promoter
	<input type="checkbox"/> NRI Non-Repatriable Promoter	<input type="checkbox"/> NRI-Depository Receipts	<input type="checkbox"/> Others (specify) _____
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National Depository Receipts	
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Others (specify) _____		

Details of Guardian (in case the account holder is minor)

Guardian's Name																
PAN																Relationship with the applicant

I/We instruct the DP to receive each and every credit in my/our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I/We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)	<input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic
I/We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Telephone No.			
Fax No.			
PAN No.			
UID No.			
Email ID			
*Relationship with the BO			
Date of Birth (Mandatory if Nominee is a minor)			
Name of the Guardian of Nominee (if nominee is a minor)			
*First Name			
Middle Name			
*Last Name			
*Address of the Guardian of nominee			
*City			
*State			
*Country			
*PIN			
Age			
Telephone			
Fax No.			
Email ID			
Relation of the Guardian with the nominee			
*Percentage allocation of securities			
Fractional allocation of the securities if any [please tick the respective nominee, (any one) if tick not marked default will be first nominee]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note : The nominee residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.




*** Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Note: One witnesses shall attest signature(s) / thumb impression(s)

Name of witness		
Address of witness		
		Signature of witness

I/We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signature			

(Signatures should be preferably in **Blue** ink).

ADDITIONAL KYC FORM FOR OPENING A DEMAT ACCOUNT (FOR NON-INDIVIDUAL)

SUMPOORNA

SUMPOORNA PORTFOLIO LTD.
(Depository Participant with CDSL)

DP - CDSL • DP ID - 12075100 • SEBI Regn. No.: IN-DP-CDSL-665-2012
Corporate Office : C-56A/13, 6th Floor, Sector-62, Noida-201301 (U.P)
Phone: +91-120-4505200 | Fax : +91-120-4505234
E-mail: info@sumpoorna.com | Website: www.sumpoornaonline.com
Registered Office : 648, 3rd Floor, Guru Ram Dass Nagar, Delhi-110092

(To be filled by the Depository Participant)

Application No.								Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.																
DP ID	1	2	0	7	5	1	0	0	Client ID							

(To be filled by the applicant in BLOCK LETTERS in English)

I/We request you to open a demat account in my/our name as per the following details

Holders Details

Sole/First Holder Name	Search Name							PAN									
							UID										
Second Holder Name							PAN										
							UID										
Third Holder Name							PAN										
							UID										

Name *

* In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Type of Account (Please tick whichever is applicable)

Status						Sub - Status										
<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Bank	<input type="checkbox"/> Trust	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> OCB	<input type="checkbox"/> FII	To be filled by the DP										
<input type="checkbox"/> CM	<input type="checkbox"/> FI	<input type="checkbox"/> Clearing House	<input type="checkbox"/> Others (Specify) _____													
SEBI Registration No. (if Applicable)						SEBI Regn. Date										
RBI Registration No. (if Applicable)						RBI Approval Date										
Nationality			<input type="checkbox"/> Indian			<input type="checkbox"/> Others (specify) _____										

I/We instruct the DP to receive each and every credit in my/our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to instruct the DP to accept all the pledge instructions in my/our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I/We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I/We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)	<input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic

Clearing Member Details (To be filled by CMs only)

Name of Stock Exchange															
Name of CC/CH															
Clearing Member Id								Trading member ID							
I/We wish to receive dividend / interest directly in to my bank account given below through ECS (if not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]														<input type="checkbox"/> Yes	<input type="checkbox"/> No

Background

- India has joined the Multilateral Competent Authority Agreement (MCAA) on Automatic Exchange of Financial Information (AEOI) on June 3, 2015 and has agreed to certain global standards on automatic exchange of information, known as Common Reporting Standards (CRS). Further, the Government of India (GoI) signed an Inter-Government Agreement (IGA) with United States of America (USA) on July 9, 2015 to improve international tax compliance and to implement Foreign Account Tax Compliance Act (FATCA) in India.
- To implement the CRS on AEOI and also the IGA with USA, the GOI has made necessary amendments in Section 285BA of the Income-tax Act, 1961 and notified Rules 114 F to 114H in the Income-tax Rules, 1962 vide amendment dated August 7, 2015. These Rules are available on: <http://incometaxindia.gov.in>
- SEBI has issued a circular dated August 26, 2015 advising all registered intermediaries to implement FATCA and CRS as per above mentioned Rules.

We do understand that the information mentioned above is technical in nature and hence we advise you to consult your financial or tax advisor for more details

DEMAT ACCOUNT NUMBER							
TRADING ACCOUNT NO							
Category	First Holder		Second Holder		Third Holder		
Name							
Maiden Name [if any]							
Father's Name [mandatory if PAN not provided]							
Spouse's Name							
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/> Transgender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/> Transgender		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others <input type="checkbox"/> Transgender		
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> Other _____ (Please specify the name of country)		<input type="checkbox"/> Indian <input type="checkbox"/> Other _____ (Please specify the name of country)		<input type="checkbox"/> Indian <input type="checkbox"/> Other _____ (Please specify the name of country)		
Occupation Type	<input type="checkbox"/> Service [pls specify] <input type="checkbox"/> – Private Sector <input type="checkbox"/> – Public Sector <input type="checkbox"/> – Govt. Sector <input type="checkbox"/> Business <input type="checkbox"/> Others [pls specify] <input type="checkbox"/> – Professional <input type="checkbox"/> – Self Employed <input type="checkbox"/> – Retired <input type="checkbox"/> – Housewife <input type="checkbox"/> – Student <input type="checkbox"/> Not Categorized		<input type="checkbox"/> Service [pls specify] <input type="checkbox"/> – Private Sector <input type="checkbox"/> – Public Sector <input type="checkbox"/> – Govt. Sector <input type="checkbox"/> Business <input type="checkbox"/> Others [pls specify] <input type="checkbox"/> – Professional <input type="checkbox"/> – Self Employed <input type="checkbox"/> – Retired <input type="checkbox"/> – Housewife <input type="checkbox"/> – Student <input type="checkbox"/> Not Categorized		<input type="checkbox"/> Service [pls specify] <input type="checkbox"/> – Private Sector <input type="checkbox"/> – Public Sector <input type="checkbox"/> – Govt. Sector <input type="checkbox"/> Business <input type="checkbox"/> Others [pls specify] <input type="checkbox"/> – Professional <input type="checkbox"/> – Self Employed <input type="checkbox"/> – Retired <input type="checkbox"/> – Housewife <input type="checkbox"/> – Student <input type="checkbox"/> Not Categorized		
PAN							
Place / City of Birth							
Country of Birth							
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others		

Address Type [for address mentioned in the account opening form]	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified	
Country/countries of tax residency	Tax Identification Number (TIN)/ functional equivalent number	TIN / functional equivalent Issuing Country	Documents provided (copy of certificate of tax residence or copy of TIN or others)	Date upto which the documentary evidence is valid

Remarks if any

DETAILS OF RELATED PERSON [In case of addition/deletion of related persons please provide the following information]

Related Person Type <input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Nominee <input type="checkbox"/> Assignee <input type="checkbox"/> Authorised Representative <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> Beneficiary	Name of the Related Person : _____ Document submitted as proof of identity of the related person : _____ * [refer below for the type of document to be submitted]
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*Certified copy of any one of the following Proof of Identity needs to be submitted:

A. Passport Number B. Voter ID Card C. PAN Card D. Driving License E. UID [Aadhar] F. NREGA Job Card G. Other [any documents notified by Central Government]

Declaration and Undertakings

The Customer/account holder certifies that:

- The information provided in the Form is in accordance with Section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income-tax Rules, 1962.
- The information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self certification alongwith documentary evidence.
- I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /Reserve Bank of India for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.
- I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- It shall be my responsibility / our responsibilities to educate myself / ourselves and to comply at all times with all relevant laws relating to reporting under Section 285BA of the Act read with the Rules thereunder.
- I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I/We shall indemnify the Company for any loss that may arise to the Company on account of providing incorrect or incomplete information.



Signature of First Holder



Signature of Second Holder



Signature of Third Holder

Date : _____

Place : _____

Definitions :

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability :

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS

alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts :

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the



Sole/First Holder Name & Signature



Second Holder Name & Signature



Third Holder Name & Signature

depository.

- 7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
- 8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
- 9. If the BO finds that the information such as mobile number etc., has been changed with out proper authorization, the BO should immediately inform the DP in writing.

Fees :

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer :

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

Liability and Indemnity :

The Depository shall not be liable for any breach of confidentiality

by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments :

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction :




Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I / We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

DP ID	1	2	0	7	5	1	0	0	Client ID										
First Holder's Name : _____																			
Second Holder's Name : _____																			
Third Holder's Name : _____																			
Mobile No. on which messages are to be sent										+	9	1							
(Please write only the mobile number without prefixing country code or zero)																			
The Mobile Number is registered in the name of : _____																			
E-mail Id: _____																			
(Please write only ONE valid email Id on which communication; if any, is to be sent)																			
 Sole/First Holder Name & Signature						 Second Holder Name & Signature						 Third Holder Name & Signature							
IN CASE OF JOINT HOLDERS, ALL JOINT HOLDERS MUST SIGN.																			
* Please do not use correction fluid, all cuttings must be attested by all the joint holder(s).																			
Place:.....															Date:.....				

WE _____ (name of POA), residing at having it registered office at _____ SENDS GREETINGS.

WHEREAS

1. I/we hold beneficiary owner account no. _____ with Central Depository Services (India) Limited through Sumpoorna Portfolio Limited a depository participant DP-ID 12075100.
2. I/we am /are an investor(s) engaged in buying and selling of securities vide client code /trading code no. _____ through Sumpoorna Portfolio Limited. A member of national Stock Exchange of (India) Limited (NSE) and Derivates Segment. SEBI Registration no. INB 231429037 and BSE Limited (BSE) bearing SEBI Registration no. INB 011429033 agent attorney to operate the aforesaid beneficiary account(s) on my/our behalf.
3. due to exigency and paucity of time i/we/am are desirous of appointing an Limited purpose in the manner hereinafter appearing:

NOW KNOW WE ALL AND THESE PRESENT WITNEESTH THAT

I/We the above named in ,without any restriction of my operating the above said beneficiary account do hereby nominate ,constitute and appoint Sumpoorna Portfolio Limited , a member of NSE/BSE/F&O.

As my /our true and lawful attorney (hereinafter referred to as the attorney) for me/us and on my /our behalf and in my/our name to do instruct the aforesaid depository participant to operate my above mentioned benefical account, to do and /or cause to be done the following acts. Deed and things:

1. transfer of securities held in the my/our aforesaid benefical owner account (s) towards recognized stock exchange /clearing house of the recognized stock exchange related margin /delivery obligation arising out of trade executed by me/us on the said recognized stock exchange through Sumpoorna Portfolio Limited.
2. Pledge the securities held in my/our aforesaid benefical account (s) in favour of recognized stock exchange/clearing house of the recognized stock exchange for the limited purpose of meeting the margin requirements in connection with the trades executed by me/us on the said recognized stock exchange through Sumpoorna Portfolio Limited.
3. To apply for various products like mutual funds, public issues (shares as well as debentures), rights, offer of shares, tendering shares in open offer ect. pursuant to my instruction.
4. To send consolidated summary my scrip-wise buy and sell position taken with average rates to the client by was of SMS/email on a daily basis, notwithstanding any other document to be disseminated as specified by SEBI form time to time.



Sole/First Holder Signature



Second Holder Signature



Third Holder Signature

Date : _____ broking code NSE/BSE/F&O _____

Client name: _____

Received by

Receiver's signature

Received on date

For the purpose of execution of the above ,I/we authorized the attorney to debit securities for transfer /pledge, as the case may be from my aforesaid benefical account to below mentioned benefical account owners:

NSE:

CDSL POOL ID : 1207510000000031
 EARLY PAY IN ID : 1100001100018919

BSE:

CDSL POOL ID : 1207510000000046
 CDSL PRINCIPAL ID : 1207510000000050
 EARLY PAY IN ID : 1100001000023031

In addition to the above ,the attorney agree to return me/us, the securities that may have been transferred /received by the attorney erroneously or those securities that it was not entitled to receive from me/us .I/we shall ratify the instruction given by the attorney to the depository participant named hereinabove in the manner specified therein



Sole/First Holder Signature



Second Holder Signature



Third Holder Signature

And I/ we further agree and confirm that the powers and authorities conferred by this power of attorney shall continue until and we have given to the depository participant instruction in writing for revocation of the aforesaid power of attorney.

1st WITNESS Name : _____ Address : _____ Signature : _____	2nd WITNESS Name : _____ Address : _____ Signature : _____	For Sumpoorna Portfolio Ltd. Authorized Signatory
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DECLARATION TO BE GIVEN BY HUF

To,
SUMPOORNA PORTFOLIO LTD.
Regd. Office : 648, 3rd Floor, Guru Ram Dass Nagar, Delhi-110092
Corporate Office : C-56A/13, 6th Floor, Sector-62, Noida-201301 (U.P)

Dear Sir,

We, all the coparceners (members) detailed below of the Hindu Undivided Family having PAN No..... do hereby authorize karta of the family Mr.....to open / operate in the name of this HUF a dealing / trading account and inter-alia to open and /or operate accounts with a Depository Participant, and to issue notices and instructions relating to transfer, pledging, dematerializing or Rematerializing, orders, execute deals through you for and on behalf of the above named HUF and we state that we are and shall always be jointly and severally responsible for the dealings/ orders / trades / transactions that are executed by the karta Mr..... and all his orders / deals shall be binding on the HUF and all its members jointly as well as severally.

In the eventuality of change of Karta or change in the constitution of HUF we shall inform you in writing and understand that we are required to collect from you an acknowledgement of having taken the same on record.

The Specimen Signature of the Karta Mr.....is given below :

Specimen Signature in full.....(with Rubber Stamp)

Thanking you,

Yours faithfully,

Name of the Co-Parceners	Sex	Date of Birth	Relationship with the Karta	Signature of the Co-Parceners

OPTION FORM FOR ISSUE OF DIS BOOKLET

SUMPOORNA PORTFOLIO LTD.

DP - CDSL • DP ID - 12075100 • SEBI Regn. No.: IN-DP-CDSL-665-2012

Corporate Office : C-56A/13, 6th Floor, Sector-62, Noida-201301 (U.P)

Phone: +91-120-4505200 | Fax : +91-120-4505234

E-mail: info@sumpoorna.com | Website: www.sumpoornaonline.com

Registered Office : 648, 3rd Floor, Guru Ram Dass Nagar, Delhi-110092

DP ID	1	2	0	7	5	1	0	0	CLIENT ID	
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Dear Sir / Madam,

I / We hereby state that: [Select one of the options given below]

OPTION 1 :

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though I / we have issued a Power of Attorney (POA) / executed PMS agreement in favour of / with **SUMPOORNA PORTFOLIO LTD.** (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager.




Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

OPTION 2 :

I / We do not require the Delivery Instruction Slip (DIS) for the time being, since I / We have issued a POA / executed PMS agreement in favour of / with **SUMPOORNA PORTFOLIO LTD.** (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for setting stock exchange trades [settlement related transactions] effected through such Clearing Member / by PMS manager. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

SCHEDULE OF SERVICE CHARGES - CDSL

SUMPOORNA

SUMPOORNA PORTFOLIO LTD.

DP : CENTRAL DEPOSITORY SERVICES (INDIA) LIMITED • SEBI REGN. NO. IN-DP-CDSL-665-2012 DP ID - 12075100
 Regd. Office : 648, 3rd Floor, Guru Ram Dass Nagar, Delhi-110092
 Corporate Office : C-56A/13, 6th Floor, Sector-62, Noida-201301 (U.P)
 Phone: +91-120-4505200 | Fax : +91-120-4505234 | E-mail: info@sumpoorna.com | Website: www.sumpoornaonline.com

PARTICULARS	SCHEDULE
1. ACCOUNT OPENING CHARGES	Nil
2. ACCOUNT MAINTENANCE CHARGES (Individual) (Non-Individual) (To be paid in advance)	₹250/- (Inclusive Service Tax) (Yearly) ₹799/- (Inclusive Service Tax)
3. DEMATERIALISATION CHARGES	Postage + (₹5/- per certificate)
4. REMATERIALISATION CHARGES	₹25 for every 100 securities or part thereof ; or a flat fee of ₹25/- per certificate whichever is higher will be payable.
5. CUSTODY	Nil
6. TRANSACTION CHARGES (per Transaction) A. Credit B. Debit	Nil ₹20/- Minimum & Maximum up to 0.02%
7. PLEDGE (per Transaction) Creation Invocation / Closure	₹25/- ₹25/-

In addition to the above the following out of pocket expenses shall also be charged.

1. Instruction Booklet : ₹10/-, ₹20/-, Containing 10, 20, Leaves.
2. Failed Instruction Intimation : ₹10/- per intimation per instruction.
3. Additional Statement of Holding/Transaction : ₹2/- per Page + Postage.
4. Non periodic statement & other communications shall be charged @ ₹20/- per mail.
5. Charges are subject to revision at Depository Participants sole discretion by giving 30 days notice and shall be informed by circulars sent by ordinary post/press advertisement.
6. In case of demat rejection postage shall be charged @ ₹30/- for dispatch to the client for removal of objection.
7. Any other services not specified above shall be charged extra.
8. Taxes and other government levies extra as applicable from time to time.
9. Any Modification in client master - ₹20/- per modification.
10. Depository Charges of Broking Client will be debited to their trading account.
11. Sumpoorna Portfolio Ltd. is having the right to freeze the account of the beneficial owner(B.O) on debit outstanding in any of the books of accounts maintained with the constituent in any capacity with the company.



Sole/First Holder Name & Signature



Second Holder Name & Signature



Third Holder Name & Signature

TERE HERE

ACKNOWLEDGEMENT (DP)

SUMPOORNA

SUMPOORNA PORTFOLIO LTD.

Date...../...../20.....

DP - CDSL • DP ID - 12075100 • SEBI Regn. No.: IN-DP-CDSL-665-2012

We hereby acknowledge the receipt of the Account Opening Application Form : **Application No.:**

Name of the Sole/First Holder	
Name of Second Holder	
Name of Third Holder	

Depository Participant Seal and Signature

SUMPOORNA

SUMPOORNA PORTFOLIO LTD.

Regd. Office : 648, 3rd Floor, Guru Ram Dass Nagar, Delhi-110092

Corporate Office : C-56A/13, 6th Floor, Sector-62, Noida-201301 (U.P)

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